

Jun 15 '2004 12:22PM

VIA FAX Protections Equinox

OFFICIAL

RECEIVED
CENTRAL FAX CENTER
NO 2544

JUN 15 2004

P. 1
(1 page)

PTO/SB/82 (11-96)

Approved for use through 8/30/99 OMB 0651-0035

Patent and Trademark Office : U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/934,852
	Filing Date	2001-08-23
	First Named Inventor	Daniel PEPIN
	Group Art Unit	
	Examiner Name	ROSE, Robert A. (Tel: 1-703-308-1360)
	Attorney Docket Number	536-B01.US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ Please change the correspondence address for the above-identified application to:

☐ Customer Number _____



Place Customer Number Bar
Code Label Here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel PEPIN				
Address	C/o Protections Equinox Int'l				
Address	4480 Cote-de-Liesse, suite 224				
City	Montreal	State	QC	ZIP	H4N 2R1
Country	CANADA				
Telephone	514-739-6770	Fax	514-733-4424		
I am the:					
<input checked="" type="checkbox"/> Applicant					
<input type="checkbox"/> Assignee of record of the entire interest Certificate under 37 CFR 3.73(b) is enclosed					
SIGNATURE of Applicant or Assignee of Record					
Name	Daniel PEPIN, Applicant				
Signature					
Date	14/06/04				

Burden Hour Statement : This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.